

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2013 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: HALIFAX CO. LANDFILL Permit: 4204
Facility Website (URL): HALIFAXNC.COM

Physical Address		Mailing Address	
Street 1: <u>921 LILES RD.</u>		Street 1: _____	
Street 2: _____		Street 2: _____	
City: <u>LITTLETON</u>	County: <u>HALIFAX</u>	City: _____	
State: North Carolina	Zip: <u>27850</u>	State: North Carolina	Zip: _____
Primary Facility Contact Person		Billing Contact Person	
Name: <u>LARRY D. GARRISS</u>		Name: _____	
Phone: <u>252-586-7516</u> Fax: <u>252-586-2485</u>		Phone: _____ Fax: _____	
Email: <u>SOLIDWASTE@EMBARQMAIL.COM</u>		Email: _____	

1. Tipping Fee: \$ 47.00 per Ton (Attach a schedule of tipping fees if appropriate.)

2. Indicate types of disposal activity occurring at this facility (Check all that apply).

- ☒ Landfilling of industrial waste (specify waste): _____
☒ Landfilling of construction and demolition waste
☒ Landfilling of asbestos
☒ Landfilling of ash
☒ Landfilling of sludge
☐ Landfilling of other waste (specify): _____

3. What other activities occur at this facility? (check all that apply)

- ☐ Recycling/Reuse Collection ☐ Scrap Tire Collection ☐ White Goods Collection ☐ Household Hazardous Waste Collection

If you checked Recycling/Reuse Collection, please indicate the materials accepted: (check all that apply)

- ☒ Paper ☒ Wood ☐ Concrete/rubble/asphalt ☐ Gypsum/drywall
☒ Cardboard ☒ Glass ☒ Aluminum Cans ☒ Steel Cans
☒ PETE (#1) Plastic ☒ HDPE (#2) Plastic ☒ Computer Equipment ☒ Televisions
☐ Fluorescent lightbulbs ☒ Used oil/oil filters ☒ Other Metal ☐ Other Plastic
☐ Other (specify) SINGLE STREAM RECYCLING @ 7 - SOLIDWASTE/
CONV. CENTERS - 23.75 T COLLECTED 7/1/12 - 6/30/13

Airspace (Capacity): Questions in this section relate to all cells/units of the facility operated under the current 4-digit permit number regardless of whether the cells/units are closed or are not contiguous at the time of this report. Tonnage questions must be based on scale records and cover the period between the opening date and the date of the last survey unless another time period is approved. Airspace measurements include weekly, intermediate and final cover.

4. Date Facility Last Surveyed: 6-16-13
 5. Airspace Used (cubic yards): 100,556 not End use capacity 770,489 ✓
 6. Total Tons Disposed in Airspace Used (tons): 76,742 563,915 ✓

7. Total waste landfilled at this facility during the period of July 1, 2012, through June 30, 2013. Indicate **tonnage** received by COUNTY of waste origin. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Please indicate COUNTY and STATE, if received from another state.

[illegible]

Grand Total 128,443.56

8. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred:

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature: Larry D. Ganniss Date: 7/25/13
Name: LARRY D. GANNISS Title: OPER. MGR.

Phone Number: 252-584-7514 Email: SOLIDWASTE@EMBARQMAIL.COM

Facility Name: HALIFAX CO LANDFILL (ASH MONOFILL) Permit: 4204
Address: 921 LILES RD.
City: LITTLETON State: North Carolina Zip: 27850
Person completing Assessment: LARRY D. GARRISS Date: 7/25/13
Phone Number: 252-586-7516 Fax: 252-586-2485 Email: SOLIDWASTE@EMCARRMAIL.COM

Instructions: Please indicate either Yes or No for each Receptor and Post Closure Maintenance question. Then please determine the distance or distances for each Receptor from the Edge of Waste (using range finders and/or GIS maps) and type that information into the form. Please attach additional information including GIS maps, lists of potable well locations, etc.

Receptors

- Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the Edge of Waste? _____ Feet _____ Feet _____ Feet
- Are there Potable Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the Edge of Waste? _____ Feet _____ Feet _____ Feet
- Are there Community/Municipal Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the Edge of Waste? _____ Feet _____ Feet _____ Feet
- Are there Surface Water Bodies Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the Edge of Waste? _____ Feet _____ Feet _____ Feet
Please list the names of the water bodies: _____
- Is Public Water Available Within 1,500 feet of the Edge of Waste? ☒ Yes ☐ No
If Yes, how many of the Residential Dwellings noted above are connected? LANDFILL WATER LINE

Corrective Measures

- Is there an active methane extraction system (blower, flare, etc.)? ☒ Yes ☐ No
 - Is there a passive methane extraction system (trench, vents in cap, flare, etc.)? ☐ Yes ☐ No
 - Is there groundwater remediation taking place on site? ☐ Yes ☐ No
- If Yes, what is the specific remedial technology used? _____

Comments